



**GRAND FORKS COUNTY
SHERIFF'S DEPARTMENT**

Application For Employment

Date of Application: _____

NOTICE:

The Grand Forks County Sheriff's Department is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status. The Privacy Act of 1974 applies to this form.

INSTRUCTIONS: (For questions or assistance call 701-780-8280)

- If printing this form from a PDF file, ensure the "Print as image" box is checked
- Please **TYPE** or **PRINT** in **BLACK INK**
- Mail to:

Grand Forks County Sheriff's Department
PO Box 12608
Grand Forks ND 58201-2608

NOTE: If more space is needed to provide the required information, make extra copies of the needed page and/or use a blank page by marking it at the top as "Continuation". and indicate which section number is be continued.

1. Position Applied For _____

☐ Full Time ☐ Part Time

Applicant Information

2. Identification

Name (Last, First, Middle)			Date of Birth		Social Security Number	
Present Address			City		State	Zip Code
Phone Number		Alternate Phone Number		E-mail		
Drivers License Number		State Issued	Class of License	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Residing in U.S. <input type="checkbox"/> Other		
Nicknames and Aliases that you have used, or been called: (this includes: maiden names, married names, legally changed names.)						

Willing to work: ☐ Days ☐ Nights ☐ Rotating Shifts ☐ Weekends ☐ Holidays

If your application is favorably considered, how much notice do you need prior to starting work: _____

Are you now, or have you previously been employed by Grand Forks County? ☐ Yes ☐ No

If yes, when and what position? _____

3. Do you have any legal, personal or other reasons that would prevent you from becoming qualified with, using, or carrying firearms, and / or personal restraint equipment? ☐ Yes ☐ No If yes, explain:

Can you perform essential job functions of a Deputy Sheriff? ☐ Yes ☐ No

4. Have you ever been named in any civil action? ☐ Yes ☐ No If yes, indicate the reasons and the final disposition:

5. Criminal History

List any crime, including traffic offences, that you have been arrested, charged, posted bond, or been convicted.			
State	Jurisdiction	Charge	Disposition

6. Education / Training (Attach copies of all Diplomas, Degrees, Certificates of Training, etc.)

Have you completed North Dakota's basic Peace Officer Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where did you attend training? <input type="checkbox"/> Bismarck <input type="checkbox"/> Devils Lake Date graduated:			
<input type="checkbox"/> High School Graduate or <input type="checkbox"/> GED (Institution's Name and Address)			Year Graduated
College or Technical School Attended (Institution's Name and Address)	Course of Study	Years Completed	Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify) (Institution's Name and Address)	Course of Study	Years Completed	Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Employment History (List all present and past employment, beginning with your most recent.)

Name and Address of Employer			Phone Number	
Type of Business	Position Held	Date Started	Date Ended	
Type of Work	Supervisor's Name	Start Salary	End Salary	
Reason for leaving				

Name and Address of Employer			Phone Number	
Type of Business	Position Held	Date Started	Date Ended	
Type of Work	Supervisor's Name	Start Salary	End Salary	
Reason for leaving				

Name and Address of Employer			Phone Number	
Type of Business	Position Held	Date Started	Date Ended	
Type of Work	Supervisor's Name	Start Salary	End Salary	
Reason for leaving				

May the Employers listed be contacted ☐ Yes ☐ No If no, which one(s) do you not wish contacted _____

8. Professional References (Current or former Co-Workers)

Name	Address	Phone

9. Personal References (Not Co-Worker, Employer, or Relative)

Name	Address	Phone

10. List all residences for the last 5 years

Address	Dates

11. Military Service (Attach copy of DD214 to be eligible for Veteran's Preference)

Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which branch?	Dates of Duty From: _____ To: _____	Rank at Discharge	Type of Discharge
Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Disability %	Surviving Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Specialty / Job in the Military
List special training received in the Military			

12. Additional Qualifications (List any additional experiences, skills, training and qualifications you feel should be considered)

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13. State reason you are applying for employment with our organization

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CERTIFICATION AND AGREEMENT

I certify that information given herein is true and complete to the best of my knowledge. I acknowledge that false, misleading, or omitted information on this application and / or during any interview(s) may cause termination of my being considered from employment or result in being discharged from employment.

I understand an investigation of all information provided by me will be performed. I authorize any investigation, release of any records and inquiry deemed necessary to establish my character, general reputation and work performance history be conducted. If requested, I will undergo a psychological evaluation with a mental health professional appointed by the Sheriff's department. I understand submission of this application investigation(s), psychological evaluation and interviews conducted do not establish a contract of employment. I acknowledge that if hired, I may be required to attend training both instate and out of state for varying lengths of time.

 Signature of Applicant

 Date
Attach the following to your application:

- A copy of your High School Diploma or GED
- A copy of your Peace Officer License (*for Deputy position only*)
- Copies of all Degrees, Certificates of Training, etc. for education and training you listed
- A 3x5 photo of yourself (*for Deputy position only*)
- DD form 214 required for Veteran's Preference
- Resume (Optional)

EQUAL EMPLOYMENT OPPORTUNITY SURVEY (Optional)

This information is requested for the sole purpose of ensuring that Federal and State employment laws are complied with.

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	
<input type="checkbox"/> Other (Explain)	